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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) GTC-31

I hereby certify that under 37 CFR §1.10 that this correspondence is being deposited on ___July 14, 2003___ with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _Kristin Gould_ Signature _Kristin Gould_ Type or Printed Name	In re Application of: **Yann Echelard et al.**
	Application Number: 09/884,586 Filed: 6/19/01
	For: **Transgenically Produced PDGF**
	Art Unit: **1636** Examiner: **Q. Nguyen**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐	One month (37 CFR 1.17(a)(1))	$	
☐	Two months (37 CFR 1.17(a)(2))	$	
☑	Three months (37 CFR 1.17(a)(3))	$ 930.00	
☐	Four months (37 CFR 1.17(a)(4))	$	
☐	Five months (37 CFR 1.17(a)(5))	$	

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☑   Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: $ 465.00 .

☐   A check in the amount of the fee is enclosed.

☐   Payment by credit card. Form PTO-2038 is attached.

☐   The Director has already been authorized to change fees in this application to a Deposit Account.

☑   The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502092.

I have enclosed a duplicate copy of this sheet.

I am the   ☐ applicant/inventor.

    ☐ assignee of record of the entire interest. See 37 CFR 3.71.
      Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

    ☑ attorney or agent of record.

    ☐ attorney or agent under 37 CFR 1.34(a).
      Registration number if acting under 37 CFR 1.34(a)_____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

7/14/03 Date	_[signature]_ Signature
(508) 370-5150 Telephone Number	Byron V. Olsen Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☑ Total of 1 form is submitted.